

## I. EPA/STATE Hazardous Waste I.D.#

W A D 9 8 0 7 2 6 3 8 4

NOTIFICATION OF  
DANGEROUS WASTE  
ACTIVITIES

(send to) Attn: DW Notifications

Washington State Department of Ecology

M/S PV-11 Olympia, WA. 98504-8711

(206) 459-6314/6305/6306

RECEIVED

Initial: JS Date: 1/25 Region: N

EPA: 1 Date: 1/16 Copy: 1

Input: 1 Update: 1 Ack: 1

DEPARTMENT USE ONLY

DEPARTMENT USE ONLY

## 1. A. FIRST NOTIFICATION

☒ B. REVISED NOTIFICATION  
 (enter current I.D.# in upper left)

 revisions effective: MO 4 DAY 1 YR 85
☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D. assigned to you in section 99 in upper left)

☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)

☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. cancelled)
2.A. WASHINGTON STATE DEPARTMENT OF  
REVENUE REGISTRATION (TAX) NUMBER

## 2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

1 7 8 — 0 4 8 — 9 5 3

3 6 — —

## 3. NAME OF COMPANY

SEATTLE, Cy of - CITY LIGHT SSC

S E A T T L E C I T Y L I G H T S S C

## 4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE &amp; BOX NO.

1 0 1 5 T H I R D A V E

CITY OR TOWN

S E A T T L E

STATE

ZIP CODE

W A

9 8 1 0 4 —

## 5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

3 6 1 3 F O U R T H A V E S

CITY OR TOWN

S E A T T L E

6. COUNTY WHERE THIS  
INSTALLATION IS LOCATED

K I N G

STATE

ZIP CODE

W A

9 8 1 3 4 —

## 7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read &amp; Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATOR

=3

B. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL(d) ☐ WATER (e) ☐ OTHERD. ☐ UNDERGROUND  
INJECTION
 C. ☐ WASTE MANAGEMENT  
FACILITY (TSD)  
(refer to definitions  
in instructions)  
(1) ☐ TREATMENT  
(2) ☐ STORAGE  
(3) ☐ DISPOSAL  
(4) ☐ WE ACCEPT  
OFF-SITE WASTES

## 8. CONTACT PERSON

NAME (last),

(first)

C U P L I N A L T O N

TITLE

PHONE NO. (area code &amp; number)

A S S O C E N G S P E C

2 0 6 — 6 2 5 — 3 0 7 7

## 9A. OWNERSHIP (Legal Owner(s) of this Company)

S E A T T L E C I T Y L I G H T

## 9B. OWNERSHIP (Legal Owner(s) of site (Property))

S E A T T L E C I T Y L I G H T

10. TYPE OF OWNERSHIP  
(enter letter code in box)

42487

M

## 11. WASTE IDENTIFICATION

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	WEIGHT CODE
1	Chromic acid solution	D 0 0 2	2 0 0	P
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

A. <input checked="" type="checkbox"/> Batch Frequency <u>3 mo.</u>	QUANTITY <u>5 0</u>	WEIGHT <u>P</u>	B. <input type="checkbox"/> PER MONTH	QUANTITY	WEIGHT
	CODE				CODE

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

## 14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- |   |  |
|---|--|
| A. <input type="checkbox"/> NOTIFICATION FORM   | B. <input type="checkbox"/> PART A PERMIT FORM FOR TSD FACILITIES                |
| C. <input type="checkbox"/> BIOLOGICAL TEST PROCED.   | D. <input type="checkbox"/> GENERATOR ANNUAL REPORT FORM                         |
| E. <input type="checkbox"/> CHEMICAL TEST PROCED.   | F. <input type="checkbox"/> TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT |
| G. <input type="checkbox"/> DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)    |  |
| H. <input type="checkbox"/> DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305) |  |
| I. <input type="checkbox"/> OTHER (specify)   |  |

## 15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: <i>M. J. Macdonald</i>	OFFICIAL TITLE (Print)	DATE SIGNED:
PRINTED NAME: M. J. Macdonald	Deputy Superintendent/E.U.S.	3/29/15